

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2				1		
3						
4	1		1			
5				1		
6		6		1		
7		8		1		
8		9		1		
9		10		1		
10		11		1		
11		12		1		
12	1		1			
13				1		
14				1		
15	1					
16						
17	1					
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19			1			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		6		1		
TOTAL CLAIMS	1	6	1	1		

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						